

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027323

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3641

VS 300
Rev. 4/59

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94201

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p>1. PLACE OF DEATH FILED JUL 30 1962</p> <p>a. COUNTY Jackson</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital</p>		<p>2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission)</p> <p>a. STATE Kansas b. COUNTY Johnson</p> <p>c. CITY OR TOWN Overland Park Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 8212 Barclay Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last Russell Clarence Schaulis</p>		<p>4. DATE OF DEATH Month Day Year July 11 1962</p>	
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 8-27-1903</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY Life Insurance</p>	
<p>11a. FATHER'S NAME Zackery Schaulis</p>		<p>11b. MOTHER'S MAIDEN NAME Minerva Berkley</p>	
<p>12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no</p>		<p>13. INFORMANT Address Mary A. Schaulis 8212 Berkley</p>	
<p>14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) Ventricular Fibrillation</p> <p>DUE TO (b) Myocardial Infarction</p> <p>DUE TO (c) Coronary Atherosclerosis</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>			
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from 1-19-62 to Thru 5-18-62 and last saw her alive on 5-18-62</p> <p>Death occurred at D.O.A. St. Mary's 8 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) Michael Bernreiter M.D.</p>		<p>22b. ADDRESS 1018 Professional Bldg K.C. Mo</p>	
<p>22c. DATE SIGNED July 11 62</p>			
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>		<p>23b. DATE 7/14/62</p>	
<p>23c. NAME OF CEMETERY OR CREMATORY Johnson Co. Memorial Gds.</p>		<p>23d. LOCATION (City, town, or county) (State) Johnson County, Kansas</p>	
<p>24. FUNERAL DIRECTOR ADDRESS Warnick-Eads Kansas City, Kansas</p>		<p>25. DATE RECD. BY LOCAL REG. 7-12-62</p>	
<p>26. REGISTRAR'S SIGNATURE Ruth H. Long</p>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed

Licensed Embalmer No. 3058

• P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

^c If this body is not embalmed, fact should be so stated above.